

NOTIFICATION LETTER
FREE AND REDUCED-PRICE MEALS OR FREE KINDERGARTEN MILK
PRICING PROGRAM

[Date]

Dear Parent/Guardian:

Your application for free or reduced-price meals or free kindergarten milk for your child(ren) has been:

- ☐ Approved for free meals
- ☐ Approved for reduced-price meals at 40¢ for lunch and 30¢ for breakfast
- ☐ Approved for free milk in split-session kindergarten or pre-kindergarten
- ☐ Temporarily approved for free meals/milk until_____
- ☐ Denied for the following reason(s):
 - ☐ Income is over the allowable amount
 - ☐ Incomplete application. The following information is missing_____
 - ☐ Other_____

If you do not agree with the decision, you may discuss it with the school official. If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing to the following hearing official:

[Hearing Official]

[Address]

[Telephone]

You may reapply for free or reduced-price meal or free kindergarten milk benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, have an increase in household size, or qualify for food stamps, TANF, and/or FDPIR benefits, you may fill out an application at that time.

Sincerely,

[Signature]

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